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(Req	uestor's Name)	
(Adda	ress)	
(Addı	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

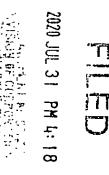




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SEP 2 0 2020 S. YOUNG



COVER LETTER

TO: Registration S Division of Co		
	ORO LLÇ	r .
SUBJECT:		ited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	ALICIA MROZ de MILA	NESI
		Name of Person
	VAPOR TORO LLC	
	-	Firm/Company
	3110 E. CERVANTES ST	
		Address
	PENSACOLA, FL 32503	
	VADOUTODO GO CAMA IL O	City/State and Zip Code
	VAPORTORO@GMAILC E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c	all:
ALICIA MROZ de MI	LANESI	850 384-5068
Name	of Person	at ()Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

켫

VAPOR TORO LLC		1 2 m
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	3
The Articles of Organization for this Limited Liability	Company were filed on 06/05/2015	and as gned
Florida document number L15000098820	··	323
This amendment is submitted to amend the following:		1 0
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		.,
	, Flor	ida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALICIA C. MROZ de MILANESI	2595 BAYVIEW WAY	■Add
		PENSACOLA, FL 32503	□Remove
			Change
			□Add
			Remove
			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a ument's effective date on the Department of State's rec	pplicable statutory filing		
cord specifies a delayed effective date, but not an effect s filed.	ive time, at 12:01 a.m. or	the earlier of: (b) The	90th day after the
/			
ed JULY 28 2020			
	/////		
Mar 11 /11 mm	anthorized representative of		

Typed or printed name of signee